

Express Mail No.: EL984898029US

Date Deposited: 04/08/2004


 Approved for use through 10/31/2002. OMB 0651-0032  
 U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PTO/SB/06 (08-00)

PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number 10/630,078		
CLAIMS AS FILED - PART I					SMALL ENTITY OR OTHER THAN SMALL ENTITY		
(Column 1)		(Column 2)					
FOR	NUMBER FILED	NUMBER EXTRA			RATE	FEE	
					RATE	FEE	
BASIC FEE (37 CFR 1.16(a))					\$ 0	\$ 0	
TOTAL CLAIMS (37 CFR 1.16(c))		minus 20 =	*	0	x \$ 9 =	0	
INDEPENDENT CLAIMS (37 CFR 1.16(b))		minus 3 =	*	0	x 43 =	0	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		0			+ 140 =	0	
					TOTAL	0	
					OR	TOTAL	
					0	0	
* If the difference in column 1 is less than zero, enter "0" in column 2							
CLAIMS AS AMENDED - PART II					SMALL ENTITY OR OTHER THAN SMALL ENTITY		
(Column 1)		(Column 2)		(Column 3)			
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI-TIONAL FEE	
	Total (37 CFR 1.16(c))	*	Minus	**	23	= 6	
	Independent (37 CFR 1.16(b))	*	Minus	***	3	= 0	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 140 =	0
						TOTAL	0
					OR	TOTAL	
					0	108	
(Column 1)		(Column 2)		(Column 3)			
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI-TIONAL FEE	
	Total (37 CFR 1.16(c))	*	Minus	**	=	=	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 140 =	0
						TOTAL	0
					OR	TOTAL	
					0	0	
(Column 1)		(Column 2)		(Column 3)			
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI-TIONAL FEE	
	Total (37 CFR 1.16(c))	*	Minus	**	=	=	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 140 =	0
						TOTAL	0
					OR	TOTAL	
					0	0	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SEND TO:

 MS Fee Amendment  
 Commissioner For Patents, PO Box 1450  
 Alexandria, VA 22313-1450